

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P11102**

1. Entity Name  
**THE 4 M OPERATING CORP.**

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90075 021 \*\*\*150.00

0583286 AT

Principal Place of Business  
**1045 SOUTH RIVER INDUSTRIAL BLVD.  
ATLANTA GA 30315**

Mailing Address  
**1045 SOUTH RIVER INDUSTRIAL BLVD.  
ATLANTA GA 30315**

**B0059830**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>58-1688798</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>MATTHEWS, H. R. 42 ISLAND DR. N KEY LARGO FL 33037</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MATTHEWS, HERBERT R., SR</b>			NAME			
STREET ADDRESS	<b>77 E ANDREWS DR, NW #329</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>ATLANTA GA</b>			CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MATTHEWS, PATRICIA B/A</b>			NAME			
STREET ADDRESS	<b>77 E ANDREWS DR, NW #329</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>ATLANTA GA</b>			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MATTHEWS, HERBERT R., JR</b>			NAME			
STREET ADDRESS	<b>77 E ANDREWS DR, NW #329</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>ATLANTA GA</b>			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MATTHEWS, LEA BENTON</b>			NAME			
STREET ADDRESS	<b>77 E ANDREWS DR, NW #329</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>ATLANTA GA</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **HERBERT R. MATTHEWS, JR.** **3-28-02** **404-267-2200**

DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034 (9/01)